

DS130786

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

ORIGINAL

Dallas

DIVISION

2021 APR 15 AM 9:20

[Signature]

Jeral Durant Henderson
Plaintiff

v.

3-21CV0865-G

Watchtower Bible & Tract Society
Defendant

Case Number

*Attach additional pages as needed

Date

4/15/2021

Signature

Jeral Durant Henderson

Print Name

Jeral Durant Henderson

Address

1822 young

City, State, Zip

Dallas, TX 75201

Telephone

925-842-3232

I have Judge Tammy Kemp and Judge Lynn United States Official Change of Address Confirmation Letter that we meaning Annette Sumlin Henderson did live at one time Cheron Bosque Estate 9655 Chimney Hill Lane Apartment 2064 Dallas, Texas 75243-2923

Karen Heard EEOC made it possible for me too bring this very dangerous Organization to Court Watchtower Bible & Tract Society, now being under much pressure from Metro Care Services on Skillman, I was forced too send my payments by Registered mail at the Downtown Federal Post office, at the time I was trying too take care of a very dangerous case that a young female Police officer killed and African American male! I was called too Jury Duty but before that Mr Thomas Fiston with Judicial Watch, which he fights government Corruption!

Jesus Christ, it was important that I bring up your name because you are the

President of the Watchtower Bible & Tract
Society!

Therefore Judge Walter may I found myself
in Prison before with a Lawyer Jeffrey
Campson and a probation officer Orlando
Belne!



★ Official ★ Change-of-Address Confirmation Letter

VERIFICATION REQUIRED

Mail will be forwarded for all persons
at the old address of the following business:
CHEVRON

Your mail will be forwarded to your
NEW address, as you requested, on:
NOV 16, 2020

If you want to view or cancel this
change-of-address order or change the
date to start forwarding your mail, visit
managemymove.usps.com and enter your
Confirmation Code or scan the QR code to
get started.

CONFIRMATION CODE:
2031 9238 2000 2010



Please retain this Official Change-of-
Address Confirmation page for your records
as local agencies and/or resources may
require it for proof of your move.

Additional Business Alias Names

Visit **managemymove.usps.com** to add your email
address and receive email reminders of mail
forwarding expiration dates. If your change-of-address
is correct and you have not received mail at your new
address for 10 Postal business days or more, please
call **1-800-ASK-USPS (1-800-275-8777)**.

YOUR OLD ADDRESS

CHEVRON
9655 CHIMNEY HILL LN APT 2064
DALLAS TX 75243-2923

YOUR NEW ADDRESS

B940 00001121 00101765 1 1



CHEVRON
2001 N FITZHUGH AVE APT 114
DALLAS TX 75204-4684

MAIL FORWARDING EXPIRATION DATES

First Class Mail [®] , Priority Mail [®] & Priority Express Mail [®]	Nov 16, 2021
Newspapers, Magazines	Jan 15, 2021
Packages ¹	Not Forwarded
Catalogs	Not Forwarded ²
Standard Mail	Not Forwarded ²

1. Some restrictions apply 2. Unless requested by mailer

Don't miss any mail! Extend your Mail Forwarding End Date now
for \$19.95 for a 6-month extension, \$29.95 for a 12-month extension,
or \$39.95 for a 18-month extension. To purchase Extended Mail
Forwarding please go to **managemymove.usps.com.***

Extended Mail Forwarding

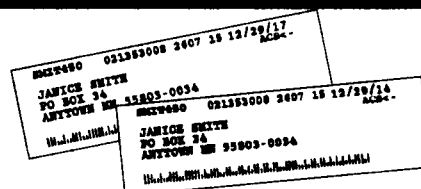


*To begin your extension process, please take this letter to your local USPS location.

IMPORTANT MESSAGES FROM THE U.S. POSTAL SERVICE REGARDING YOUR MAIL FORWARDING REQUEST

Yellow or White stickers with your new address are placed on mail
forwarded by the U.S. Postal Service. These labels indicate the
correspondent doesn't know your new address.

To receive your mail faster, notify the sender of your new address



COMMUNITY RESOURCES

Post Office 3055 AL LIPSCOMB WAY
1-214-428-4053
www.usps.com

Governor Information Gov. Greg Abbot (R)
1-512-463-2000
www.nga.org/governors

US Senate **Senators**
Sen. Ted Cruz (R)
Sen. John Cornyn, III (R)
1-202-224-3121

US House Find your state representative
1-202-224-3121
www.house.gov

Social Security Social Security Administration
Call 1-800-772-1213 or visit
www.socialsecurity.gov

Local Library Find your local library by
accessing the library locator:
www.movers-guide.com/library

Tax Information Internal Revenue Service
Access important forms & info
1-800-829-1040
www.irs.gov

Voter Registration Election Assistance Commission
Find forms and information at
www.eac.gov

Government Resources USA.gov
U.S. portal for government info
www.usa.gov
1-800-FED-INFO

Public Transportation American Public Transportation
Find information on local
public transportation
www.movers-guide.com/transit

Driver's Information Information about renewing
your driver's license
or vehicle registration
www.movers-guide.com/driver

HOUSEHOLD SERVICES

Satellite TV **Dish**
Enjoy a better TV experience
888-388-0582
See Our Offer Inside!

Satellite TV **DIRECTV**
888-234-5113
See Our Offer Inside!

Telecommunications **AT&T**
855-410-0322
See Our Offer Inside!

Crate&Barrel

CRATE AND BARREL
3104 KNOX ST
Dallas TX 75205
214-219-1500
SHOP ONLINE AT
WWW.CRATEANDBARREL.COM

BED BATH &
BEYOND

Dallas
Caruth Plaza
8005 Park Lane
Dallas TX 75231
214-692-1778
Visit us In-Store or Online at
www.bedbathandbeyond.com

CB2

CB2
4510 MCKINNEY AVE
Dallas TX 75205
214-306-0789
SHOP ONLINE AT WWW.CB2.COM

← **Stimulus Check Info Guide**

Stimulus Check Info Guide

Name: Jeral D. Henderson
Birth: _____

Date of 12/13/1959

SSN: 434/13/6891

Phone (if applicable): 925-842-3232

Address:
when filing):

1822 young street
Dallas, Texas 75201

Email (can be made

Jeralhenderson13@gmail.com

taxslayer.com

Username: jeralhenderson

Password: Vadr613!



Vaccine Administration Record

Case 3:21-cv-00865-G-BN Document 3 Filed 04/15/21 Page 8 of 38 PageID 12

Immunization Type / Vaccine Name: Tdap (Whooping Cough)



Patient Information:

Last Name HENDERSON First Name JERALD Date of Birth 12/13/1959 Gender Male
Address 1822 YOUNG ST,DALLAS,TX,75201
Phone (214) 429-6599
Primary Care Provider (PCP) Name HAN, STEPHANIE
PCP Address 550 1ST AVE ,# HC-107 City, State, Zip DALLAS,NY,100166402
Prescriber Name HAN, STEPHANIE
Prescriber Address 7848 GATEWAY BLVD E, EL PASO, TX, 799151815

Store Information:

Store # 07740 Address 10455 N CENTRAL EXPY
RX # 0825280 00 City, State, Zip Dallas,TX,75231 Telephone (214) 369-3872

Screening Questions:

YES NO N/A

1. Are you sick today? (For example: a cold, fever or acute illness)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

2. Do you have allergies or reactions to any foods, medications, vaccines or latex? (For example: eggs, gelatin, neomycin, thimerosal, etc.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

3. Have you ever had a serious reaction after receiving a vaccination? Do you have a history of fainting, particularly with vaccines? Has any physician or other healthcare professional ever cautioned or warned you about receiving certain vaccines or receiving vaccines outside of a medical setting?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

4. Have you had a seizure or a brain or other nervous system problem or Guillain Barre?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Immunization Type / Vaccine Name: Tdap (Whooping Cough)

Last Name HENDERSON

First Name JERALD

Date of Birth 12/13/1959

Screening Questions:**YES NO N/A**

5. Do you take anticoagulation medication? (For example: warfarin, Coumadin or other blood thinner)

☐ ☐ ☐

6. For Tetanus vaccines, do you have a cut, injury, puncture or open wound that prompted you to get a tetanus shot?

☐ ☐ ☐

7. Are you pregnant or is there a chance you could become pregnant during the next month?

☐ ☐ ☐

8. In the past 14 days, have you tested positive for COVID-19?

☐ ☐ ☐

9. In the past 14 days, have you been in close contact with anyone who tested positive for COVID-19?

☐ ☐ ☐

10. Do you currently have fever, chills, cough, shortness of breath, difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, nausea, vomiting, or diarrhea?

☐ ☐ ☐



Immunization Type / Vaccine Name: Tdap (Whooping Cough)

Last Name HENDERSON

First Name JERALD

Date of Birth 12/13/1959

Screening Questions:

YES NO N/A

11. Have you received any COVID-19 vaccines in the past 14 days?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

Pharmacist Notes: Patient's Temperature: 97.5f



Last Name HENDERSON

First Name JERALD

Date of Birth 12/13/1959

CONSENT FOR SERVICES: I have been provided with the Vaccine Information Statement(s) corresponding to the vaccine(s) that I am receiving. I have read the information provided about the vaccine I am to receive. I understand the benefits and risks of vaccination and I voluntarily assume full responsibility for any reactions that may result. I understand that I should remain in the vaccine administration area for 15 minutes after the vaccination to be monitored for any potential adverse reactions. I understand if I experience side effects that I should do the following: call pharmacy, contact doctor, call 911. I request that the vaccine be given to me or to the person previously named for whom I am authorized to make this request. State of Georgia only: I verify a pharmacist asked for my health history and whether I have had a physical exam within the past year. Health care providers did not identify condition(s) that would mean I should not receive vaccine(s).

AUTHORIZATION TO REQUEST PAYMENT: I do hereby authorize CVS Pharmacy® ("CVS®") to release information and request payment. I certify that the information given by me in applying for payment under Medicare or Medicaid is correct. I authorize release of all records to act on this request. I request that payment of authorized benefits be made on my behalf.

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: Notwithstanding anything previously set forth, I agree that I am responsible for and will promptly pay on demand any and all obligations to CVS Pharmacy including all self-pay balances as well as those charges for services not covered or disallowed by my insurance carrier.

DISCLOSURE OF RECORDS: I understand that CVS® may be required to or may voluntarily disclose my health information to the physician responsible for this protocol of specific health information of people vaccinated at CVS (if applicable), my Primary Care Physician (if I have one), my insurance plan, health systems and hospitals, and/or state or federal registries, for purposes of treatment, payment or other health care operations (such as administration or quality assurance). I also understand that CVS will use and disclose my health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California only: I agree to have the California Immunization Registry (CAIR) share my immunization data with health care providers, agencies or schools. Vaccine Clinics: If I am receiving a vaccine through a vaccine clinic, I understand that my name, vaccine appointment date and time will be provided to the clinic coordinator.

X _____

Date: _____

Signature of patient to receive vaccine or person authorized to make the request
(parent/guardian)

Vaccine Administration Information:

Administration Date 04/13/2021

Vaccine BOOSTRIX TDAP VACCINE VIAL

Manufacturer GLAXOSMITHKLINE

Lot # 3E52S

Exp. Date 06/21/2022

Route IM

Site Left Deltoid

Volume (ml) 0.5

VIS Version Date 04/01/2020

Date VIS Given to Pt 04/13/2021

Verifying Pharmacist: Duku, Emmanuel

Dose

Duku, Emmanuel,

RPh

Administering Immunizer Name & Title

Next Dose Appointment Information:

Appointment Date

Appointment Time

Location

**Parkland**

Care. Compassion. Community.

AFTER VISIT SUMMARY

Jeral Henderson DoB: 12/13/1959 MRN: 4748927

4/13/2021 10:45 AM HOMES STEWPOT 214-590-0153

Instructions from Minhaj Muhammad Khan, MD



1. Chronic left shoulder pain

- gabapentin 300 mg capsule; Take 1 capsule by mouth 3 times a day
Dispense: 90 capsule; Refill: 3

2. Combined systolic and diastolic cardiac dysfunction

Pt instructed to call **Parkland's Patient Access Center** at 214-590-5601 to reschedule missed Cardiology clinic appointment.

3. Medication refill

- fluticasone propionate 50 mcg/actuation nasal spray; Use 2 Sprays in each nostril one time a day Dispense: 1 Bottle; Refill: 3

*** Patient understands and accepts current treatment plan.**

Follow-Up Visit: 2 weeks

Patient Education: See AVS

Minhaj M. Khan, M.D.

Today's Visit

You saw Minhaj Muhammad Khan, MD on Tuesday April 13, 2021. The following issues were addressed:

- Chronic left shoulder pain



Blood Pressure
127/81



BMI
26.04



Weight
192 lb



Height
72"



Temperature (Tympanic)
98 °F



Pulse
69



Respiration
18



Today's medication changes

CHANGE how you take:
gabapentin (Neurontin)
Changed by: Minhaj Muhammad Khan, MD

STOP taking:
cephALEXin 500 mg capsule (KEFLEX)
Stopped by: Minhaj Muhammad Khan, MD

Accurate as of April 13, 2021 11:15 AM.
Review your updated medication list below.

Parkland MyChart

You can see this After Visit Summary and your healthcare team's notes by going to the "Visits" section of your MyChart and clicking on the links below the visit. In MyChart, you can also see test results, send messages to your providers, request refills, and more. Access your MyChart account through the app on your smartphone or by visiting <https://mychart.pmh.org>.



**Pick up these medications at CVS/pharmacy #7740 - DALLAS, TX - 10455 N CENTRAL
EXPY AT CORNER OF MEADOW ROAD**

fluticasone propionate • gabapentin

Address: 10455 N CENTRAL EXPY, DALLAS TX 75231
Phone: 214-369-3872



Return in about 2 weeks.

What's Next

You currently have no upcoming appointments scheduled.

Allergies

Atorvastatin Calcium
Haloperidol Lactate
Isomethepten-caf-acetaminophen
Latuda [lurasidone]
Quetiapine Fumarate
Sumatriptan
Brompheniramine-pseudoeph-dm
Paroxetine
Lisinopril

PCP

Primary Care Provider
Minhaj Muhammad Khan, MD

Goals

	10/8/19	9/24/19	9/10/19
Compliance with mental health treatment	Not on track	On track	On track
develop effective coping skills	Not on track	On track	On track
Dietary approaches to stop hypertension (DASH) eating plan			
Dietary sodium restriction			
Eat more fruits and vegetables.			
Exercise 5x per week (30 min per time).			
Increased physical activity			
Maintain compliance with medication regimen			

Goals (continued)

10/8/19

9/24/19

9/10/19

 Maintain Healthy Weight &
 Plan Regular Exercise

 Take medications as
 recommended

 Weight reduction

Parkland Connect

Parkland Connect lets you use video visits to see and speak to a provider about your health needs. It is easy and convenient! You can have these visits at your home, or anywhere you can connect to the Internet. You can use **Parkland Connect** on your phone, tablet, or computer. To make a **Parkland Connect** appointment, call the **Parkland Nurse Line** at **214-266-8777**.

Parkland Nurse Line / Linea de Enfermeras de Parkland

For questions about your care, including symptoms you may be having, or if you have worsening symptoms, call the **Parkland Nurse Line** at **214-266-8777**. They are available 24 hours a day.

Press Ganey Survey / Encuesta de Press Ganey

Your thoughts and feelings about your clinic visit are very important to Parkland. You may receive a Patient Satisfaction Survey in the mail asking about your clinic visit. If you get a questionnaire, please fill it out and send it back. Thank you for allowing Parkland to provide your health care services.

Important / Importante

Carry this medication list with you at all times in case of Emergency and for ALL medical procedures and office visits. This is your COMPLETE medication list to the best of our knowledge, please discard old medication lists. If you are taking other medications that are not on this list, please notify your care team.

Your Medication List as of April 13, 2021 11:15 AM

① Always use your most recent med list.

 aspirin 81 mg chewable tablet

 Take 1 tablet by mouth one time a day

 buPROPion 150 mg 24 hour Extended Released
 tablet

 busPIRone 5 mg tablet
 Commonly known as: BUSPAR



 Take 1 tablet by mouth 3 times a day

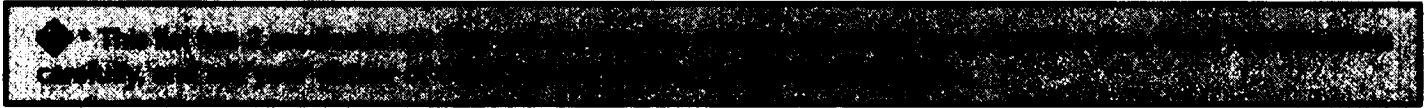
 cetirizine 10 mg tablet
 Commonly known as: ZYRTEC

 Take 1 tablet by mouth one time a day

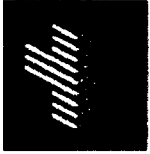
 chlorthalidone 25 mg tablet
 Commonly known as: Thalitone

 Take 1 tablet by mouth one time a day

cyclobenzaprine 10 mg tablet Commonly known as: FLEXERIL	Take 1 tablet by mouth twice a day as needed for muscle spasms or pain
fluticasone propionate 50 mcg/actuation nasal spray Commonly known as: FLONASE	Use 2 Sprays in each nostril one time a day
 * gabapentin 300 mg capsule Commonly known as: Neurontin Changed by: Minhaj Muhammad Khan, MD	Take 1 capsule by mouth 3 times a day What changed: Another medication with the same name was added. Make sure you understand how and when to take each.
 * gabapentin 300 mg capsule Commonly known as: Neurontin Changed by: Minhaj Muhammad Khan, MD	Take 1 capsule by mouth 3 times a day What changed: You were already taking a medication with the same name, and this prescription was added. Make sure you understand how and when to take each.
levobunolol 0.5 % ophthalmic solution Commonly known as: BETAGAN	Place 1 Drop in both eyes every evening
losartan 50 mg tablet Commonly known as: COZAAR	Take 1 tablet by mouth one time a day
metoprolol succinate XL 50 mg tablet	Take 1 tablet by mouth one time a day
mupirocin 2 % ointment Commonly known as: BACTROBAN	Apply topically three times a day
nitroglycerin SL 0.4 mg tablet Commonly known as: NITROSTAT	Dissolve 1 tablet under the tongue for chest pain; may repeat in 5 minutes to a maximum of 3 doses. Call 911 if pain not relieved.
pantoprazole DR 40 mg tablet Commonly known as: PROTONIX	Take 1 tablet by mouth twice a day
Polyethylene Glycol 3350 17 gram/dose oral powder Commonly known as: Miralax	Take 17 g by mouth one time a day
pravastatin 40 mg tablet Commonly known as: PRAVACHOL	Take 1 tablet by mouth one time a day
sennoside-docusate 8.6-50 mg tablet	Take 2 tablets by mouth twice a day
sertraline 50 mg tablet Commonly known as: ZOLOFT	Take 1 tablet by mouth one time a day
topiramate 25 mg tablet Commonly known as: TOPAMAX	Take 1 tablet by mouth one time a day For migraine prevention
traZODone 50 mg tablet Commonly known as: DESYREL	



COVID-19 Instructions



Parkland

What is coronavirus disease 2019 (COVID-19)?

COVID-19 is a new virus that can get into your lungs. The most common signs of COVID-19 are fever, cough and trouble breathing. Symptoms may begin with loss of smell or taste. Other symptoms can also include being sick to your stomach, throwing up and having loose stools. Most people who get COVID-19 will not get very sick. Some people may get sicker and need to be in the hospital.

- There is no vaccine for coronavirus disease at this time.
- **The best way to keep from getting sick is to not be exposed to this virus.**

How do you protect yourself and others from coronavirus?

Wear a face mask. Cover your **mouth and nose** with a face cover (mask) when around others

- You can keep from getting Covid-19 and keep from giving it to other people if you wear a face mask that covers your nose and mouth
- **Everyone should wear a face mask when they go out in public**

Clean your hands often

- Wash your hands often with soap and water for at least 20 seconds, especially after you have been in a public place, or after blowing your nose, coughing or sneezing
- If soap and water are not available, **use a hand sanitizer that contains at least 60% alcohol.**
- Don't touch your eyes, nose or mouth with unwashed hands
- Wash your hands with soap and water or hand sanitizer before eating

Avoid close contact

- Stay at home as much as possible
- Keep at least 6 feet between you and other people
- Remember that people who do not look or feel sick may be able to spread Covid-19

Cover coughs and sneezes

- Use a tissue or the inside of your elbow when you cough or sneeze
- Wash your hands right away

Clean and disinfect

- Clean AND disinfect every day the things you touch a lot. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets and sinks

Mothers taking care of infants

- Wash your hands often
- Do not touch your face
- Wash your hands before and after feeding your baby (breast or bottle)
- Wash your hands before and after changing your baby's diaper

What to do if you have been near someone with coronavirus disease (COVID-19)

If you think you have been near someone who has COVID-19, follow the steps below to take care of yourself and keep from getting others sick as well.

To catch COVID-19, you need to be in close contact with a sick person who has COVID-19. This can include:

- Living in the same home as someone sick with COVID-19
- Taking care of someone sick with COVID-19
- Being very near (within 6 feet) someone sick with COVID-19 for more than 10 minutes
- Touching mouth or nose fluid from someone sick with COVID-19. Being coughed on, sneezed on, kissing or sharing things you eat with are some ways this can happen.

What should I do if I have been near someone with COVID-19 but am not sick?

Check yourself for fever, cough or trouble breathing for 14 days after the last time you were near the person sick with COVID-19. Look for loss of smell, loss of taste, upset stomach, throwing up and loose stools. Do not go to work, to school or to any other place where you are around other people. Wear a mask when around others and wash your hands often.

What should I do if I have been near someone with COVID-19 and get sick?

If you have been near someone with COVID-19 and you have fever, cough, trouble breathing, stomach upset, throwing up, loose stools, or loss of smell, you might have COVID-19.

If you would like to get tested, you may call the **Parkland COVID-19 Patient Line at 214-590-8060**. Only Parkland patients can get tested this way. For non-Parkland patients or for other Dallas County testing locations, please visit <https://www.dallascounty.org/covid-19/testing-locations.php>

If you are having an emergency and need to call 911, tell them on the phone you may have COVID-19. If you can, put on a face mask before the ambulance gets there.

To learn about handwashing and social distancing, scan the QR code or follow the link below.



<https://youtu.be/Srt0ga8yXwE>

Dallas, Texas

MRN: 4748927

ADM: 04-13-2021

Name: HENDERSON, JERAL

Gender: M

DOB: 12-13-1959

Age: 61

HAR: 634166411

Location: 500503

CSN: 400521914

**AMBULATORY CONSENT TO
MEDICAL TREATMENT**

ACT 296

**CONSENT FOR MEDICAL TREATMENT AND PHOTOGRAPHY**

- I do hereby voluntarily consent to and authorize Parkland to provide care encompassing all diagnostic and therapeutic treatments, including HIV testing, considered necessary or advisable in the judgment of the attending physician or his/her designee. By signing this form, I do not waive my right to refuse recommended tests or treatments.
- I understand that Parkland functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself and related records, laboratory work and specimens and diagnostic results from time to time for instructional purposes or machine testing at the sole discretion of Parkland.
- I understand that photographs, videotapes, digital and other images may be recorded to document my care, and I consent to this. I understand that these images will be stored in a secure manner that will protect my privacy and that they will be kept for the time period required by law or outlined in Parkland procedures. Images that identify me will be released or used outside Parkland only upon written authorization from me or my legal representative.

ACKNOWLEDGEMENT OF USE AND DISCLOSURE OF PROTECTED HEALTH INFORMATION I UNDERSTAND:

- Parkland personnel and my physician create and maintain a record of the care and services provided to me.
- Information relating to my treatment, payment or health care operations may be used or disclosed in the management and delivery of care and services provided by Parkland.
- I have received a copy of Parkland's Notice of Privacy Practices that describes how my protected health information may be used or disclosed.
- I have received, read and understand the Patient Bill of Rights located on the back of this form.

NOTICE OF EXCHANGE OF MEDICAL RECORD

I acknowledge that Parkland participates in an electronic medical record exchange program and shares and/or receives information about me with other physicians and health care facilities that provide my care. The exchange includes diagnosis and treatment information available in my medical record and is provided for treatment purposes only. The records exchanged may include sensitive health information such as genetic testing, mental health information, communicable disease, pregnancy, chemical dependency and behavioral health. If I do not wish to have my information shared or received through the electronic exchange, I agree to notify my nurse or physician.

PRESERVATION OF RECORDS

Parkland Health & Hospital System (PHHS) **MAY** authorize disposal of medical records relating to the patient on or after the time periods specified in the Texas Health and Safety code.

PATIENT PROPERTY

I understand that Parkland does not assume the responsibility for the safekeeping of any personal property that I choose to keep during my stay (including, but not limited to wallets, purses, dentures, hearing aids, cell phones, personal computers/electronics, canes, clothing, jewelry, eye glasses, contact lenses, etc.).

I have read and understand the front and back of this form. The information has been explained to me to my satisfaction, I accept and agree to the items contained in this Consent to Medical Treatment.

PARKLAND HEALTH & HOSPITAL SYSTEM
Dallas, Texas

MRN: 4748927

ADM: 04-13-2021

**AMBULATORY CONSENT TO
MEDICAL TREATMENT**

ACT 296



Name: HENDERSON, JERAL

Gender: M

DOB: 12-13-1959

Age: 61

HAR: 634166411

Location: 500503

CSN: 400521914



J D H.

04/13/2021 10:47:57 UTC-5

Patient Signature, Date & Time

JERAL HENDERSON

Patient, Guardian or Legally Authorized
Representative Printed Name

☐ Signature could not be obtained at the time of service.

Reason _____

Relationship to Patient (if applicable)

GERONIMO CARDENAS

04/13/2021 10:48:13 CDT

PHHS Representative Signature,
Date & Time

CARDENAS, GERONIMO

PHHS Representative Printed Name

g1card

ID #

Click here to sign

Witness Signature,
Date & Time

Witness Printed Name

ID #

Click here to sign

Interpreter Signature (if applicable),
Date & Time

Interpreter Printed Name

ID #

4/14/2021 Attorney Richard
 Litman its 1:47 AM the American
 Bar ass has the film about the
 supernatural good and evil Annette,
 Mary Lynn Sims, her ^{daughter} ~~oldson~~ came too
 visit Annette, her caseworker understands
 what Mary Lynn Sims does this pertains
 to set of Mrs Olla Bea Burnlin Busby
 and Helen Washington Sr. I don't fear
 solitude Jesus Christ I enjoy it but
 these supernatural roaches no.

Wade Correctional High Court Innate
 Tend Ik Chi there are adversities, obst-
 acles, and misunderstandings Warden
 Risen and Rusty Williams in the course
 of opening up a path American Bar Ass
 that has been traveled by others, and
 this the point that I want Adrian
 Edwards Henderson, Annette Burnlin
 wife Obama, Mrs Obama Henderson,
 Mrs Lydia, and Mrs Beyonce Carter.
 Henderson you personally, the choice
 that I want you to understand
 my new level of spirituality Mrs
 Carter Henderson, oh Annette's caseworker
 again also each Kung Fu part of ^{my} body
 including my internal organs

St Bennie Holyfield, when my spine
 officer Dill Hill is correctly aligned Mrs
 Curry Henderson! Great Compassion St
 Allah can be felt sexually when you
 know great Compassion Jesus Christ without
 being in their BED, Allah!! Psalms
 144:1-3

Rule 1: We are going to use this
 new legal tool MA Lawyer! Dill Hill,
 officer Parker, warden Rusty Williams
 the Ethics Resource Center conducted
 numerous studies Chevron on employee
 reporting behavior issues I'm under
 cover so that St Bennie Holyfield
 can be a witness I shouted to him
 that is St Bennie Holyfield don't
 Jesus Allen, but officer Sam Drowie
 the gun was pulled officer Charlie
 Buford and you give it officer
 Dill another Black man killed
 Officer Mrs Curry Henderson! Psalm
 121:1-8 Allah

Rule 2: I'm navigating 800.00 month
 rent in this maze MA Lawyer Dill
 Hill see (Empregas-v. Hardy, 487, 502d
 244 (Ala 1985 Mercedes Benz Patent pertains
 to law like its seen in the movie
 Mrs Beyonce' Carter Henderson, now

Officer Nail Hill (intentional infliction of emotional distress. Clay, Terry Meadows libel and intentional interference tort law applicable in our whistleblower case St Bennie Holyfield that involves this Hi Tech Car and Cellphone Richard Williams @!

Astun as Japan to release water from failed nuke plant Jesus can officer Sam Howe help you right now as I am writing this information to be put into effect now the time is 2:48 AM!

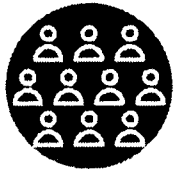
Jesus Christ At least Button wise did bring Annette Sumlin 'wise' Obama some food too eat Helen Washington Is Turner, the decision was long speculated Mrs Annette Carter Henderson, Mrs Cunny Henderson but notice Jesus Christ delayed for years due to safety concerns Jeffery Sampson. So Attorney Richard Itzman are you understanding what Allah wants from you about movie rights

Mrs Beyonce Carter Henderson Fauchild James 2:1 St Bennie Holyfield are you Jesus allowing favoritism too 135? 2, Police officers are guards. 3, 4, 5 High Court Wade Judges to Ameri-

can. lets us not forget Mrs Beyonce
Carter Henderson Fairchild that we are
dealing with nuke water in Japan

Acts 23: 1-32 International Court
of Justice helping my Probation
Officer as he and his family can
love each other and do a wonderful
job Probation Officer Orlando Beene
time 3:26 AM Officer Charles Burford
that I am trying too Put my Ink
Pen away Mrs Obama Henderson!!

How to get a one dose COVID-19 vaccine if you are experiencing homelessness



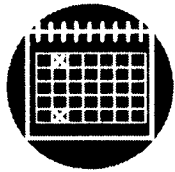
Why is the COVID-19 vaccine important?

Getting the vaccine will protect yourself, your family and the people around you. The vaccine will also help stop the spread of COVID-19 in our community and end the pandemic.



How safe is it?

The U.S. vaccine safety system makes sure that all vaccines, including the recently FDA-authorized COVID-19 vaccines, are safe. The clinical trials for both vaccines studied thousands of people and showed that the vaccine is safe.



How it works

The vaccine works by teaching your body how to protect you from getting sick from COVID-19. Only one dose is needed. You will have protection two weeks after the dose.



No COVID-19 in the vaccine

The vaccine does not have any COVID-19 in it. The vaccine teaches your body how to protect you from COVID-19. The vaccine will not make you test positive for COVID-19.



Don't worry - you're not sick

Vaccines can cause side effects. These can include injection site pain in the arm, low fever, muscle pain, chills and headache. Don't worry, you're not sick; it's just your body learning how to protect you from the virus. Symptoms normally go away after a day or two and you can continue normal daily activities.

Places you can go and get the vaccine
No appointment needed

DAY	LOCATION	TIME
Tuesdays	Our Calling	9 a.m. - Noon
Wednesdays	The Bridge	9 a.m. - Noon



Parkland

Care. Compassion. Community.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There also are representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-888-759-3928. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

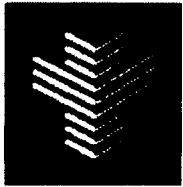
SOCIAL SECURITY
2530 S MALCOLM X BLVD
DALLAS, TX 75215

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration

Enclosure(s):

SSA Pub No 05-10072



Parkland

CARDIOLOGY DEPARTMENT
5184 TEX OAK AVE.
FLOOR 4
DALLAS TX 75235-7822
214-266-9582

4/15/2021

MEDICAL RECORD # -- 4748927

Jeral Henderson
111 W Commerce
Dallas TX 75211

Dear Jeral Henderson:

This is a reminder that you have a(n) Follow Up appointment scheduled with Smith, Christine Elizabeth, PA, at 2:30 PM on May 3, 2021. Due to the current Covid-19 pandemic, visitors are not allowed in the clinic at this time. No children under the age of 18 will be allowed at this time. Please bring all medications and your picture ID with you. Copayments or fees are due at the time of your appointment/procedure. Copayments and fees vary from clinic to clinic. Please arrive 15 minutes earlier than your scheduled appointment time.

You must arrive on time for your appointment. If you are late for your appointment, you may need to be rescheduled. For questions or if you are unable to keep this appointment, please notify our office at 214-266-9582 at least 24 hours in advance.

The Cardiology Clinic is located on the 4th Floor of the new Anderson Clinic tower. The clinic building is located at 5184 Tex Oak Avenue (on the campus of the new Parkland Hospital). Parking is available in the Tower Garage, located behind the WISH Clinic building at the corner of Medical District Drive and Harry Hines Blvd.

*****Instrucciones españoles*****

La Clinica la Cardiology está ubicado en el 4º piso de la neuva Anderson Clinica torre. El edificio de la clínica está ubicada en 5184 Tex Oak Avenue (en el campus del nuevo Hospital de Parkland). El aparcamiento está disponible en la Garaje de Torre, que se encuentra detrás del edificio de WISH Clínica en la esquina de Médicos del Distrito Drive y Harry Hines Blvd.

If you have a fever or any kind of breathing difficulty such as coughing or shortness of breath, it is important to call your doctor or a health care provider and explain your symptoms over the phone **before** going to the doctor's office, urgent care clinic or emergency room. Calling ahead helps us tell you the best place to go for care. It also helps us to protect other patients, family members and employees.

When you call, tell us if you have traveled outside of Texas in the last 30 days. Also, be sure to tell us if you think you have been in close contact with someone who has COVID-19. Your health care team will tell you the next steps you should take.

If you have a medical emergency, call 911. Be sure to let them know about your symptoms and recent travel history.

Thank you, from the staff of CARDIOLOGY DEPARTMENT

50-STATE SURVEY

Please respond by:
May 4, 2021

Dear Jeral, *Google map's lat 879 Apple map's office*
T. Mason Right on Elm 1900 Block metro case Skillman
At this critical turning point for our country, we must work tirelessly not just to reverse the damage of the past four years but to build an America where equality and justice are reality for all people. *Time 10:01 AM*

That's why all across the country, we're asking individuals like you to lend their voices, opinions and support. We'd like to ask you to represent Texas in this critical survey.

Your answers will be treated confidentially and tabulated with those of other respondents to form aggregate opinions.

When you've completed the survey, please return this entire form in the postage-paid envelope provided. Thank you!

PART 1 – TAKING ON RACIAL INJUSTICE AND WHITE SUPREMACY

1. There is no more urgent issue in America today than ending the systemic inequality and racism that pervade American society.

☒ **Strongly Agree**
☐ **Somewhat Agree**

☐ **Somewhat Disagree**
☐ **Strongly Disagree**

2. White supremacists and other violence-prone extremists are a serious and immediate threat to our democracy.

☒ **Strongly Agree**
☐ **Somewhat Agree**

☐ **Somewhat Disagree**
☐ **Strongly Disagree**

Next Page, Please →

3. Tell us how effective you think each of the following steps would be in achieving deep and meaningful progress toward ending systemic inequality in America.

	Very Effective	Somewhat Effective	Not Very Effective	Not Effective at All
Opposing gerrymandering that draws voting districts to reduce the voting and political power of communities of color.	✓			
Advancing the right to fair housing and ending racial segregation.	✓			
Working to close the racial wealth gap by canceling student loan debts, expanding access to financial services, and more.	✓			
Addressing police violence by reimagining the role of police in communities of color and redirecting resources to programs that help rather than harm.	✓			
Challenging racially motivated voter suppression measures.	✓			

PART 2 – 2021 ISSUE PRIORITIES

Please indicate how concerned you are about each of the following threats to our fundamental freedoms.

1. Deep racial injustices that pervade not only our criminal justice system but so many areas of American life.

☒ **Very Concerned**
☐ **Somewhat Concerned**

☐ **Not Very Concerned**
☐ **Not Concerned At All**

2. The need to undo harsh immigration policies that have trampled on the rights of immigrant families and asylum seekers, separated families, and kept thousands of people in unnecessary detention.

☒ **Very Concerned**
☐ **Somewhat Concerned**

☐ **Not Very Concerned**
☐ **Not Concerned At All**

3. State-by-state attacks and potential Supreme Court actions that could severely limit access to abortion.

☒ **Very Concerned**
☐ **Somewhat Concerned**

☐ **Not Very Concerned**
☐ **Not Concerned At All**

4. Gerrymandering, voter suppression and other tactics targeted at weakening the voices and denying the rights of people of color, poor people, and others.

☒ **Very Concerned**
☐ **Somewhat Concerned**

☐ **Not Very Concerned**
☐ **Not Concerned At All**

5. Are there any specific observations or concerns that you would like to add about how our freedoms are at risk, either nationwide or in your community or state?

Yes I know that Jesus needs to stand up
Ms Jean Huddleston U.P.S Florida Payroll ms
Adrian Edwards Henderson Chevron ©

PART 3 – STRATEGIES FOR DEFENDING DEMOCRACY AND ADVANCING EQUALITY

The following is a list of ACLU strategies for responding to the immediate threats our fundamental freedoms are facing. Please indicate how important you find each of them.

1. Using litigation, one of the most powerful tools at our disposal, to demand adherence to the rule of law, block illegal and unconstitutional government actions, and advance the expansion of American freedom.

☒ **Very Important** ☐ **Not Very Important**
☐ **Somewhat Important** ☐ **Not Important At All**

2. Working with and supporting local community organizations as they drive change forward — providing legal support, offering policy expertise and mobilizing the ACLU's massive base of activists.

☒ **Very Important** ☐ **Not Very Important**
☐ **Somewhat Important** ☐ **Not Important At All**

3. Using the ACLU's on-the-ground presence in all 50 states to block bad laws and advance good ones on a wide range of issues, including systemic racism, access to abortion, LGBTQ equality, voting rights and more.

☐ **Very Important** ☐ **Not Very Important** *I will that too*
☐ **Somewhat Important** ☐ **Not Important At All** *Allah*

4. Waging massive media campaigns to educate people about their rights, including vital information on voting and the right to protest.

☒ **Very Important** ☐ **Not Very Important**
☐ **Somewhat Important** ☐ **Not Important At All**

5. To help the ACLU confront those seeking to undermine the Constitution and sweep away our fundamental freedoms, will you send a contribution today?

☒ **Yes** ☐ **No**

Next Page, Please →

Yes, I want to join the ACLU and help challenge racial injustice, promote equality and defend all of our fundamental freedoms. Enclosed is my ACLU membership contribution in the amount of:

***Jeral, please give this amount or more to help us fight back and defend people's rights.**

☐ Please charge my one-time contribution to my credit card.



☐ I want to become a monthly donor! Beginning next month, I authorize the ACLU to charge the following gift amount each month to my credit card \$_____.
 (\$10 is the minimum monthly donation)

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[illegible]

Expiration date -

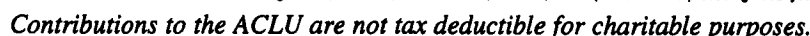
Jeral D. Henderson

F210903710887 P21JJ65

To keep you up to date and reach you quickly when our civil liberties face new threats, please provide your email address: _____

To make your gift by credit card, visit aclu.org/MARSURVEY or complete the form above.
Make checks payable to the ACLU and return in the enclosed envelope. Thank you.

A copy of the latest Financial Report and Registration filed by the American Civil Liberties Union may be obtained by contacting the American Civil Liberties Union, 125 Broad Street, 18th Floor, New York, NY 10004-2400, 1-888-567-ACLU; or from the following states: in **Florida**, A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE, WITHIN THE STATE, 1-800-HELP-FLA OR VISITING WWW.800HELPFLA.COM. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE. CH-5855; in **Maryland**, documents and information submitted under the Maryland Solicitations Act are also available for the cost of postage and copies from the Secretary of State, State House, Annapolis, MD 21401, 1-410-974-5534; in **Mississippi**, the official registration and financial information of the American Civil Liberties Union may be obtained from the Mississippi Secretary of State's office by calling 1-888-236-6167. Registration by the Secretary of State does not imply endorsement; in **New Jersey**, INFORMATION FILED WITH THE ATTORNEY GENERAL CONCERNING THIS CHARITABLE SOLICITATION AND THE PERCENTAGE OF CONTRIBUTIONS RECEIVED BY THE CHARITY DURING THE LAST REPORTING PERIOD THAT WERE DEDICATED TO THE CHARITABLE PURPOSE MAY BE OBTAINED FROM THE ATTORNEY GENERAL OF THE STATE OF NEW JERSEY BY CALLING 973-504-6215 AND IS AVAILABLE ON THE INTERNET AT <http://www.state.nj.us/tre/cas/casrfrm.htm>. REGISTRATION WITH THE ATTORNEY GENERAL DOES NOT IMPLY ENDORSEMENT; in **New York**, you may obtain information on charitable organizations and obtain a copy of our latest financial report from the New York Attorney General's Charities Registry at www.charitiesnys.com or, upon request, by contacting the Office of the Attorney General, Charities Bureau, 28 Liberty Street, New York, NY 10005, or calling (212) 416-8401.; in **North Carolina**, financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 1-888-830-4989. The license is not an endorsement by the state; in **Pennsylvania**, the official registration and financial information of the American Civil Liberties Union may be obtained from the Pennsylvania Department of State by calling toll-free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement; in **Virginia**, financial statements are available from the Virginia State Division of Consumer Affairs, Department of Agricultural and Consumer Services, PO Box 1163, Richmond, VA 23218; in **Washington**, information relating to the financial affairs of the American Civil Liberties Union is available from the Charities Division, Office of the Secretary of State, State of Washington, Olympia, WA 98504—0422 and the toll-free number for Washington residents is 1-800-332-4483; in **West Virginia**, West Virginia residents may obtain a summary of the registration and financial documents from the Secretary of State, State Capitol, Charleston, WV 25305. Registration does not imply endorsement; and, in **Wisconsin**, a financial statement for the American Civil Liberties Union disclosing assets, liabilities, fund balances, revenue, and expenses for the preceding fiscal year will be provided to any person upon request.



904PLS



50-STATE SURVEY

**Complete our 50-State Survey to share
your opinions on confronting white supremacy,
advancing racial justice, and other critical issues.**

Dear Friend,

In 2021, you and I have to put our values into action. We must take on white supremacists and other extremists actively seeking to undermine our democracy. And we have to take bold steps to create an America where liberty, freedom and equality are not only ideals but lived reality for all people.

Four years ago, we pledged the ACLU's full might and resources to stop the Trump administration's unlawful and unconstitutional policies from taking hold. We never yielded, never backed down. And in the process, we built the strongest ACLU ever.

Now, with your help, we will apply that strength to repair the damage done by Trump's relentless efforts to sow division and spread hate. And we will embrace every opportunity to make it clear that "we the people" must truly include all of us.

As we take on that challenge, we need your ideas, your opinions and your active engagement. That's why I am urging you to immediately complete and return the enclosed ACLU 50-State Survey.

This survey includes a special section on dismantling the systemic racism and inequalities woven into the fabric of our institutions as we strive to repair centuries of harm inflicted on communities of color.

That will take a comprehensive, multi-pronged effort to address intersecting issues: protecting voting rights, addressing the racial wealth gap, expanding access to financial services, advancing criminal justice reform, canceling student debt, ending discrimination in housing, and more. I urge you to share your opinions on these and other vitally important topics.

And if you agree that 2021 is a critically important year for bold high-impact work defending democracy and expanding justice and equality, I urge you to go one step further and join us. **Make a gift of \$25, \$35, \$50 or more and become the newest member of America's leading civil liberties organization.**

I hope you'll respond right away because we need your participation as we work to move our country forward.

- Do you agree that ending systemic racism must be a top civil liberties priority in 2021?
- Do you believe that white supremacists and other extremists are a serious and immediate threat to our democracy?
- Are you concerned about ongoing voter suppression and gerrymandering of congressional districts that could dilute the power of Black and Brown voters for more than a decade?
- Do you agree that we must urgently address police violence against Black and Brown communities and press for other fundamental reforms of our criminal justice system?

Our survey is about more than giving voice to your convictions. We want your opinion about what works best when it comes to advancing civil liberties and defending the democratic principles we hold dear. That's why **the survey also asks you to evaluate the ACLU's key strategies** for protecting our constitutional rights.

Your survey answers will be held in strict confidence and tabulated with those of other respondents in aggregate to inform our outreach efforts and strategies. Let me point out some of the most critical work the ACLU is engaged in right now. With your immediate support, the ACLU can:

- Keep building on **the ACLU's long history of fighting for racial justice**, working side by side with people and groups in impacted communities to achieve meaningful and sustained progress.
- Strive to restore protections for asylum seekers, **seek accountability and damages for families traumatized by family separation**, and take legal action to free vulnerable immigrants from unnecessary detention.
- Use our on-the-ground presence in states all across the country to **continue to defend access to abortion and LGBTQ equality** — stopping bad bills before they pass in state legislatures and developing effective legal strategies that address the changing make-up of the courts.
- Work to advance positive reforms that **protect voting rights in states across the country** and to ensure gerrymandering and other abuses don't distort the democratic process.

None of these goals will be easily achieved. But with you by our side, we can press for urgently needed progress protecting our fundamental freedoms.

That's why it's critical that you take two steps right now.

FIRST, complete the enclosed **ACLU 50-State Survey** by answering a few short questions. Your responses are essential in shaping our work in the critical weeks and months ahead.

SECOND, return your completed survey with a generous donation of \$25, \$35, \$50 or more to become the newest member of the ACLU's passionate community of people committed to defending and expanding our fundamental freedoms.

Serious challenges lie ahead. But if we act together, we can help our country live up to its promise of liberty and justice for all. I really hope you'll join us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony D. Romero', with a horizontal line underneath.

Anthony D. Romero
Executive Director

P.S. Thank you in advance for completing the enclosed **ACLU 50-State Survey** and sending a generous donation today. I know how much we can achieve working side by side.

VACCINE INFORMATION STATEMENT

Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: *What You Need to Know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tdap vaccine can prevent tetanus, diphtheria, and pertussis.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

2 Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

Adolescents should receive a single dose of Tdap, preferably at age 11 or 12 years.

Pregnant women should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Adults who have never received Tdap should get a dose of Tdap.

Also, **adults should receive a booster dose every 10 years**, or earlier in the case of a severe and dirty wound or burn. Booster doses can be either Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis).

Tdap may be given at the same time as other vaccines.

3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis**, or has any severe, life-threatening allergies.
- Has had a **coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap)**.
- Has **seizures or another nervous system problem**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

In some cases, your health care provider may decide to postpone Tdap vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

4 Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call 1-800-822-7967. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at www.hrsa.gov/vaccinecompensation or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement (Interim)
Tdap (Tetanus, Diphtheria,
Pertussis) Vaccine



Office use only

Dallas, Texas

**AMBULATORY CONSENT TO
MEDICAL TREATMENT**

ACT 296



MRN: 4748927

Name: HENDERSON, JERAL

DOB: 12-13-1959

HAR: 634166411

CSN: 400521914

ADM: 04-13-2021

Gender: M

Age: 61

Location: 500503



PATIENT RIGHTS AND RESPONSIBILITIES

AS A PATIENT, YOU HAVE THE RIGHT TO:

1. participate in the development and implementation of your plan of care.
2. information necessary to make informed decisions regarding your care, treatment, and services.
3. request, accept or refuse treatment, to be informed of the medical consequences of refusal.
4. formulate advance directives, have hospital staff and practitioners comply with those directives, and appoint a surrogate to make health care decisions on your behalf.
5. have individuals and physicians of your choice notified promptly of your admission to the hospital.
6. personal privacy and an environment that preserves dignity and contributes to your positive self image.
7. receive considerate and respectful care (including consideration of the psychosocial, spiritual, and cultural variables that influence the perceptions of illness).
8. receive care in a safe setting, free from all forms of neglect, exploitation, abuse and harassment.
9. confidentiality of your information and clinical records.
10. access to information in your clinical records by you and your legally designated representative within a reasonable time frame.
11. freedom from restraint or seclusion that is not medically necessary or not imposed to ensure the immediate physical safety of you, staff or others and safe implementation of restraint or seclusion when used.
12. receive visitors (including support persons), subject to clinical restrictions or limitation, including the right to determine who may or may not visit.
13. reasonable response to request and needs for treatment or service regardless of age, race, ethnicity, national origin, religion, culture, language, physical or mental disability, socioeconomic status, sex, sexual orientation and gender identity or expression.
14. end-of-life care that optimizes comfort and dignity, effectively manages pain and includes consideration of psychosocial, spiritual and cultural concerns.
15. receive information about patient rights and patient complaint resolution processed.
16. participation in discussion and resolution or ethical issues that affect your care.
17. to be informed of any experimentation, research or educational projects affecting your treatment and refuse to participate in any such activities without jeopardizing your access to care.
18. have a legally authorized representative exercise these rights on your behalf to the extent permitted by law.
19. receive information in a manner that you can understand.
20. give or withhold consent regarding the production or use of recordings, films, photographs, videos, or other images of you for purposes other than the provision of care, and also to receive the cessation of such production or use.
21. receive information about the individuals responsible for providing your care, including student doctors, nurses, and other healthcare providers who assist in care.
22. access protective and advocacy services.
23. receive information about hospital policy regarding Cardiopulmonary Resuscitation (CPR) in the event your circulatory or respiratory function stops and communicate your wishes and be involved in treatment decisions regarding CPR.

A MINOR RECEIVING COMPREHENSIVE MEDICAL REHABILITATION SERVICES IS ENTITLED TO:

1. appropriate treatment in the least restrictive setting available.
2. not receive unnecessary or excessive medication.
3. an individualized treatment plan and to participate in the development of the plan.
4. a humane treatment environment that provides reasonable protection from harm and appropriate privacy for personal needs.
5. separation from adult patients.
6. regular communication between the minor patient and the patient's family.

AS A PATIENT, YOU HAVE THE RESPONSIBILITY TO:

1. provide complete and accurate information that facilitates your care, treatment and services.
2. ask questions or acknowledge when you do not understand the treatment course or care decision.
3. follow your treatment plan and the hospital's instructions, rules and regulations.
4. respect the rights of others, being considerate and respectful of patients, visitors and staff.
5. fulfill financial obligations to the hospital and physician.

CONCERN REGARDING YOUR CARE

You have the right to tell us when you have a concern or complaint about your health care services. If you present a concern, your care will not be affected in any way. An issue can be addressed most promptly by talking with your nurse or other health care provider. If you feel an issue is not being addressed appropriately, please contact the PHHS Patient Relations Department at 469-419-0820. A representative will contact you within 48 hours. You may file a complaint directly with an oversight agency regardless of whether you have used the PHHS complaint process. If you feel your concern is not being addressed by PHHS, you may contact:

Texas Department of State Health Services
Health Facility Compliance Group (MC1979)
P.O. Box 149347
Austin, TX 78714-9347
888-973-0022

The Joint Commission
Office of Quality and Patient Safety
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
1-800-994-6610
Fax: 630-792-5636

KEPRO (for Medicare patients)
5201 West Kennedy Boulevard, Suite 900
Tampa, FL 33609
1-888-315-0636 or TTY 1-855-843-4776
Toll-Free Fax: 1-844-878-7921

Office for Civil Rights (discrimination concerns)
U.S. Department of Health & Human Services
1301 Young Street, Suite 1169
Dallas, TX 75202
1-800-669-4000


M7

**Social Security Administration
Retirement, Survivors, and Disability Insurance
Notice of Disapproved Claim**

Office of Central
Operations
1500 Woodlawn Drive
Baltimore, Maryland 21241-1500
Date: April 12, 2021
BNC#: 21M1521K84828-A



0001189 00007401 1 MB 0.450 0407M0CTR7PI T37 P7

 ANNETTE HENDERSON
2001 N FITZHUGH AVE
APT 114
DALLAS, TX 75204-4684

We are writing to tell you that you do not qualify for disability benefits.

Why We Cannot Pay You

You do not qualify for disability benefits because you have not worked long enough under Social Security.

We figure work under Social Security in credits. Please read the enclosed pamphlet, "How You Earn Social Security Credits," which explains how the credits are earned and how many a person must have to receive benefits.

Since you do not have enough work credits to qualify for benefits, we did not make a decision about whether you are disabled under our rules.

Other Social Security Benefits

You are not due any other Social Security benefits. In the future, if you think you may qualify for benefits from us, you will need to apply again.

Other Information

Your insured status not met for disability benefits.

Need Help Getting A Job?

SEE NEXT PAGE

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If you want to ask about counseling, training, and other services to help you in going to work, contact the nearest State vocational rehabilitation office. Their phone number is in the blue pages of your telephone book under State Government. You can also go to our Office of Employment Support Programs' website at www.chooseworkttw.net/resource/jsp/searchByState.jsp. Click on the State where you live and it will provide your local vocational rehabilitation agency's address and telephone number.

Do You Disagree With The Decision?

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at www.socialsecurity.gov/online/ to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

New Application

You have the right to file a new application at any time, but filing a new application is not the same thing as appealing this decision. If you disagree with this decision and you file a new application instead of appealing:

- you might lose some benefits, or not qualify for any benefits, and
- we could deny the new application using this decision, if the facts and issues are the same.

So, if you disagree with this decision, you should file an appeal within 60 days.

SEE NEXT PAGE